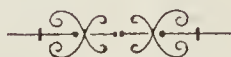



With Dr Davidson's Comp^s

ANNUAL REPORT
OF
Medical Officer of Health
FOR
HIPPERHOLME URBAN
DISTRICT.



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FEBRUARY 6th, 1897.

*To Hipperholme Urban District
Council.*

GENTLEMEN,

I have great pleasure in laying before you my report for the year 1896. It embraces statistics of births, deaths, infectious diseases, &c., and remarks on sanitary and other relative matters affecting your district.

Area and Population.—In former years I have given the area of the whole district as 952 acres, and in doing so, I simply reproduced the numbers as found in the books of my predecessor. On referring, however, to certain tabulated statements issued by the West Riding County Council, it is obvious that we have hitherto been in error, as I there see that the area should have been given as 1138 acres. The population according to the census of 1891 was 3309, and the “estimated population” up to the middle of 1896 is calculated to be 3390.

Births.—The total number of births registered during the year was 71, comprising 33 males and 38 females. The rate per 1000 per annum is 20·8, as compared with 20·25 in 1895, 21·5 in 1894, and 25·3 in 1893. I had occasion to point out in my last report, that the birth-rate of the district for that year was the lowest which had been recorded

for over 10 years; and it will be observed that the increase of this year upon last is merely fractional. In 1890 the rate for 31 large towns in the United Kingdom was 30·3, and ten years ago the usual rate for this district was about 34 per 1000. In trying to ascertain the causes for this minimum which we have now reached, I think that there are three great factors to be borne in mind. (1) Fewer marriages occur during periods of bad trade; and a lowered marriage-rate means usually a lowered birth-rate, or conversely a high birth-rate has been proved to be the natural result of prosperity and good wages. (2) During the last few years I have noticed that a certain portion of the working-class community here has become migratory, living in the place for a few weeks or months and then leaving probably in search of better spheres of labour. (3) And a considerable number of houses, especially of the better kind, are occupied by people who have brought up families elsewhere, and who upon retiring from business have selected this district as a wholesome place of residence, in easy touch with all the surrounding centres of population.

Deaths.—The deaths numbered 62, viz.:—35 males and 27 females. The annual rate per 1000 is 18·2 as against 15·15 in 1895, 12·8 in 1894, 17·6 in 1893. The average death-rate of the district during the last ten years is a little over 15 per 1000. In 1890 this rate in 31 large towns in Great Britain was 23·3. The mortality occurred at the following periods of life:—19 died in infancy, 6 between one and five years of age, 1 between five and fifteen years of age, 2 between the ages of fifteen and twenty-five, 17 between the ages of twenty-five and sixty-five, while 17 had attained to the age of sixty-five and upwards.

Among the *chief causes* of death were:—

(1) PHTHISIS.—Three persons died from this disease, two of whom were males and one female. The rate per 1000 is $\cdot 9$, which is a decided improvement upon 1895 when this rate was 1 \cdot 4.

(2) RESPIRATORY DISEASES. There were 12 deaths due to bronchitis, pneumonia or pleurisy, 3 of which were in children under five years of age. The rate under this heading (including phthisis) is 4 \cdot 4 per 1000.

(3) HEART DISEASE.—Nine persons died from affections of the heart. In 1895 the number was the same.

(4) DISEASE OF THE LIVER.—Only one death was due to disease of this organ as against four in the preceding year.

(5) DIARRHŒA.—This ailment was prevalent during summer and was the cause of two deaths in children.

(6) DISEASE OF THE KIDNEYS.—One death was registered from disease of this organ.

(7) DISEASES OF THE NERVOUS SYSTEM.—“Convulsions” is a term frequently used as a cause of death, whereas it is often merely a symptom of derangement of the gastro-intestinal tract; and, on account of the difficulty which one experiences when examining and classifying the weekly returns of death, I have, merely for the sake of convenience, included all deaths certified as being due to “Convulsions” under this heading of diseases of the nervous system. In 1895 four deaths were due to nervous disease, but in 1896 eleven deaths occurred, eight of which were in children under 5

years of age, and which, as I here explain, were returned with "Convulsions" as the only cause given.

(8) WHOOPING COUGH caused two deaths in the beginning of the year.

(9) SCARLATINA.—One death was due to Scarlatina, and is referred to again.

(10) ENTERIC FEVER.—Two deaths: also referred to again.

Infant Mortality.—During the year there were 19 deaths of children under one year of age; in 1895 the number was only 7. The rate of infant mortality (per 1000 births registered) is 267·6 as compared with 134·6 in the preceding year. In England and Wales for the year 1895, the rate was 161. So that out of 71 children who were born in this district in 1896, 19 died before attaining to the age of twelve months. I have already in a previous page of this report, made reference to the serious fall in the birth-rate as compared with former years, and now the matter assumes greater gravity when we consider the increased infant mortality. In analysing the causes of death, I find that 6 were returned as being due to "Convulsions," 2 to Diarrhœa, 3 to Atrophy or Wasting, 1 to Rickets, 3 to Atelectasis (or imperfect expansion of lungs), 3 to Bronchitis, and 1 to Whooping Cough. The mortality which is returned under Convulsions, Diarrhœa, and Atrophy comprises more than one half of the total number, and in all probability improper feeding is the principal causative agent at fault. That infant mortality is intimately connected with infant feeding is shewn by the marked attention

which is given to the subject by many Local Authorities, some of whom issue through the Registrar at the time of birth-registration, printed instructions on the subject.

Zymotic Death-rate.—This was a little over 2 per 1000, as compared with .6 in 1895, and 1.4 in 1894. The infectious diseases which caused death were,—Whooping Cough 2, Scarlatina 1, Enteric Fever 2, and Diarrhœa 2.

Infectious Diseases.—During the year there were reported to me under the Infectious Diseases (Notification) Act 36 cases, viz.:—Scarlet Fever, 24; Enteric Fever, 5; Continued Fever, 5; Erysipelas, 2.

Scarlet Fever or Scarlatina.—In 1895 there were only three cases of this disease, and these occurred in the month of December, at which time also it was very prevalent in many of the surrounding localities. Tracing the progress of the disease onwards into 1896, I find that in January three cases were reported from Hilltop, and the source of infection pointed to Hove Edge (Brighouse). The house-drains were discovered to be in a deplorably defective condition, and were re-arranged in due course. In February four cases appeared, two of which were in Lightcliffe, one at Hilltop, and one at Whitehall. In March three children living in the same house in Lydgate, were affected by the disease. In April three cases were notified, one from Lightcliffe, one from Hilltop, and one from Whitehall. In May one case appeared, and in June there was also one case; both of these were living in the same house at Whitehall. Two children were attacked in

July at Crow Nest Gardens. In August four cases, all living in the same house in Hipperholme, appeared simultaneously, and the infection was probably derived from the clothes of a member of the family, who was treated in Halifax Fever Hospital, and who must have contracted the disease here, previous to his visit to Halifax. It is supposed that those clothes, in which the incubation period was passed at home, were brought into use after his return from Hospital, and were the means of liberating germs which had been confined for some ten or twelve weeks in a drawer or wardrobe. No other notifications were received until November, when two children of the same family were reported from Bailiffe Bridge, and a third child in Hipperholme (a non-resident) brought the disease with it when on a visit from Manchester.

I am surprised that the disease confined itself to the numbers indicated, as it is incredible almost to contemplate the amount of carelessness which is exhibited by neighbours during the presence of an outbreak. I have myself seen mothers, with young children of their own, sitting in infected houses and even nursing the infected children of other people, and heedless or ignorant of the danger that the germs of the disease might be carried about on their person and communicated in this way to their own children. It is indeed a matter of great difficulty, in the presence of an epidemic of this Fever, to enforce proper precautionary measures against its spread in the face of such gross carelessness, and more especially is this so in a place where no Isolation Hospital is available for the treatment of the disease. In several of the cases referred to it would appear also that

the disease was disseminated at school, and here a further difficulty is often encountered owing to the fact that children living on the borders of one district attend schools which are situated in other districts or towns. Considering the cases as a whole I am thankful to say that the great majority were of a mild character, but one malignant attack of the disease in a child at Hilltop terminated fatally.

Enteric or Typhoid Fever.—Five persons, two of whom were adults and three children under five years of age, were attacked by this disease during the year, as compared with four in 1895. In the month of February a child in Lydgate, who suffered from that distinctive type of this Fever, which is called Infantile Remittent Fever, succumbed; but no gross defect in the drainage of the house was found to account for the attack. In September two children were reported from the Lightcliffe end of the district as suffering from this fever; the attacks, however, were of a mild nature and no outstanding insanitary condition was brought to light in either of the houses. In October a mild case in Lower West Field was supposed by the medical attendant to have contracted the disease in Blackpool; while in the same month another person in Lightcliffe died after a few days' illness from a very acute attack of this fever. In the house of the latter, we found that the waste-pipe from the sink was untrapped and was not disconnected outside; but whether this defect was sufficient to account for the presence of fever in the house is questionable, as it was suggested at the time that the infection was in all probability derived from a bone-boiling shed near which the affected person worked.

Continued Fever.—The term “Continued Fever” is often employed for obscure cases of Enteric Fever. In the months of October and November, five children living in the same house in Watergate, suffered from this disease. One child sickened during the convalescence of another in regular succession. This property at Watergate is a block of back-to-back houses, three in front, and three behind, and is said to have been at one time used as a tannery. The Sanitary Inspector and myself examined these houses, and found that five out of the six were without sinks in the kitchen, the slops of each house being simply thrown into a gully or hole in the yard opposite each door. On the attention of the landlord being called to this unsatisfactory condition, his agent promised to have a properly trapped sink put into each house to the satisfaction of the Inspector.

Erysipelas.—The two cases notified seem to have been idiopathic in character, as no insanitary defect was found in either house to account for the ailment.

Chicken-Pox.—A few cases of this disease of childhood were met with during the year, especially in the month of September.

Measles have been epidemic in several of the adjoining townships, but beyond a few stray cases, which have occurred from time to time, no serious outbreak has been present in this district.

Whooping Cough was prevalent during the month of May, and two deaths resulted from this disease.

Diarrhœa manifested itself mostly in summer and autumn, and two children died from this complaint.

Influenza cropped up in sporadic fashion during the greater part of the year, but it never at any time assumed that virulence which was one of its chief characteristics a few years ago.

Inspections of the whole district have been made by the Sanitary Inspector, and along with him I have also visited and examined such houses and localities as required special attention.

Abatement of Nuisances.—We have upon the whole nothing to complain about as to the ready manner in which landlords and their agents comport themselves in the treatment of nuisances which may be detected and brought to their notice. In last year's report I mentioned that the large common ashpit at Lydgate, which supplied some twenty-five houses, had been raised and subdivided, and that the closet accommodation in connection therewith had been improved by a system of flushing which is periodically employed. At the earlier part of the year, however, complaints were continually being received from the tenants that foul smells found their way into the houses immediately after flushing had taken place, and for the purpose of remedying this, the owners placed a ventilating gully or trap between the street-drain and each house to intercept the entrance of the offensive odor. For a time no further complaints were made, but lately our attention has again been drawn to the matter; and I am forced to the conclusion that (*a*) the flushing should be done bi-weekly instead of

weekly or fortnightly so that, the accumulation of excreta being less, it may find its way more readily down the street-drain into the main, and (b) that more water should be employed both at the time of flushing and for a certain space of time afterwards in order to ensure a speedy and complete cleansing of the street-drain. The Inspector is at the present time making enquiries on this matter.

In the month of September, the Sanitary Inspector and myself, acting on your instructions, examined the ash-pit arrangements of Lower West Field and drew up a report in which we condemned them as being obsolete in construction and in all probability dangerous to health. So far no move has been made to carry out the structural improvements which we recommended and which were approved by you at the time. Since then a case of Enteric Fever has occurred in one of these houses (as previously mentioned); and I understand that the Inspector is again communicating with the landlords on the subject.

Public Scavenging.—Since the emptying of ashpits has been done by contractors, acting under the Sanitary Authority, a decided improvement is now noticeable, and filthy accumulations, which were often met with a year or two ago, are scarcely ever seen. No overflowing need occur at all if a householder will be at the trouble of notifying the Inspector, at the Council Offices.

Water Supply.—The water supply has been excellent during the year, and no complaint as to quality has been received, except from householders living at the top end of Hipperholme. I have seen samples of very muddy water, drawn from taps in

this locality, and it would appear that this condition is caused when the water in the main at this point has been disturbed, by filling the public water-cart, during the summer months.

Sewage Disposal.—It is scarcely necessary to remark that the drainage system which we have is an excellent one ; and year after year it becomes improved, as existing defaults in the case of old property are being remedied. The sewage tanks at Bailiffe Bridge are being managed by the officials of the Council, in an efficient manner, and in comparing samples of the affluent and effluent, taken periodically, one is bound to acknowledge that good work is here being done.

Slaughter House.—There is one registered slaughter house, which is inspected at intervals. It is conducted in a clean and orderly manner.

Bake Houses—There are three in the district, all of which continue to be managed satisfactorily.

Dairies, Cowsheds and Milk-shops Order.—I strongly advised the Council, in my last annual report, to enforce this “Order (1885),” so as to make compulsory the registration (1) of these places, and (2) of all dealers in milk. The suggestion, however, has not been adopted, and I would again impress upon the Sanitary Authority how important it is to have proper supervision in this respect. According to section 13, a Local Authority may, from time to time, make regulations (subject to certain conditions, contained in another section) for (a) the inspection of cows, (b) prescribing and regulating the sanitary arrangements of dairies and cowsheds, (c) securing the cleanliness of milk shops, &c., and of vessels, and adopting precautions against infection.

Factories and Workshops.—Those places are visited from time to time, and I must again speak favourably of their condition.

The Sanitary Inspector reports as follows :—

No. of inspections made	..	..	..	350
„ house-drains repaired, &c.	..	..	..	20
„ „ new, provided	..	..	..	11
„ w.cs., privies repaired, &c.	..	..	..	24
„ „ new, provided	..	..	..	10
„ ashpits repaired, &c.	..	..	..	4
„ slaughter-houses inspected..	..	..	..	1

I am, Gentlemen,

Your obedient servant,

RICHARD DAVIDSON, M.D., Edin., M.A..

Medical Officer of Health.

